

		<u> </u>	
Tr-Chart	Abdominal Pain time: room:	O ROS	
y, vack	arrived: pvt vencis EMS context: historian: petert EMS termy limited by:	Gi	CONSTITUTIONAL
∰ Home			
Annotations	O HPI	black stools	
6 3	Chief complaint: abdominal pain flank pain Startled: just PTA today last right yesterday	URINARY	sore throat
Moles Notes			blurred vision
Clinical)	still present gonetiming:	pain w/ urination	— V.V.V.V.V.V.V.
	quality:		
Ο,	pen location: R chest-central - L chest	Famalepregnant	cough
Exam	stabbing epig RUG upper LUG	missed penods irreg _	MS & Skin
Course	burning Riflank generalized Liflant	abnormal biseding	loint pain back pain
8	dual Rabd Labd	_all systems neg, except as market	
D [*] 201	with the real results and results are real real real real real real real		
Viewfam: **	well localized R pelvis pelvic L palvis haci	o PAST Hx	,
Aeport	diffuse R back suprapub L back	negativesee nurses note	
Discharge	additional pain	peptic ulcer	and de attacked
Prescription	associated symptoms:	_gail stones	. 1
Excuse		bowel obstruction	
Printing:	severity of pain:	_kidney stones	hyperlipidemia
€ Oischarge	modifying factors:		previous surgery
Closure: '			_audummar surgery
6 4	similar symptoms previously		
:_ 	, once twice say times many times - occasionally frequently milder as bed worse verying	O MEDSnonesee	nurses notes
	0	_	
		O ALLERGIES _NKDA _	see nurses notes
	recently seen		
	ED affice clinic hospitalized		ETOH drugs
		residence/travel:	ETOH drugs hearl dzhx of 0
		residence/travel:	
		residence/travel:	
		residence/travel:	
		residence/travel:	heart dzhx of
		residence/travel:	
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heard dz hx of o
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heard ofo
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heard dz hxof o
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heard dz hxof o
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heart dz hx of o
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heart dz hx of o
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heart dz hx of o
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heart dz hx of o
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heart dz hx of o
	ED affice clinic hospitalized O	residence/travel: O FAMILY Hx gall bladder	heart dz hx of o
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	ED affice clinic hospitalized O	residence/Irayel: O FAMILY Hx gall bladder	heard dz hx of o
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	ED affice clinic hospitalized O	residence/Irayel: O FAMILY Hx gall bladder	heard dz hx of o
	ED affice clinic hospitalized O	residence/Irayel: O FAMILY Hx gall bladder	heard dz hx of o
	ED affice clinic hospitalized O	residence/Irayel: O FAMILY Hx gall bladder	heard dz hx of o
	ED affice clinic hospitalized O	residence/Irayel: O FAMILY Hx gall bladder	heard dz hx of o
	ED affice clinic hospitalized O	residence/Irayel: O FAMILY Hx gall bladder	heard dz hx of o
	ED affice clinic hospitalized O	residence/Irayel: O FAMILY Hx gall bladder	heard dz hx of o

Abdominal Pain time: room:	- 0 ROS		;
arrived: pxt vehicle EMS	− <u>G</u> !	CONSTITUTIONAL	-
	vomiting blood		
HPI	_black stools		-
hief complaint: abdomnal pain tlank pain	bloody stools	_headache	
tarted: just PTA today Clast night yesterday	URINARY	_sore throat	-
	difficulty w/ unnation	_blurred vision	
still present gane timing	pain w/ urination	CVS & Pulmonary	•
quality:		. —	
pain location: R chest-central - L chest	Femalepregnant		
sherp	LNMP	cough MS & Skin	
stabbing RUQ upper LUQ	missed periods irreg	joint pain back pain	
burning R flank generalized L flank	_abnormal bleeding	skin rash	_
dust Rabd Labd	all systems neg. except as marked	_3/11/43/1	
megrating / RLQ LLQ /	-		-
west localized R pelvis pelvic L pelvis	0.000711		
diffuse R back suprapub L back	o PAST Hx		-
A dack	negativesee nurses notes	_heart dzneuro dz	
radiating toadditional pain	peptic ulcer	_lung dzGl dz	-
seociated symptoms:	gall stones	_renal dzother dz	
nauseavomiting	bowel obstruction	HTN* diabetes	-
loss of appetitediarrhea	kidney stones	hyperlipidemia	
severity of pain:		previous surgery	-
modifying factors:		appowing surgery	_
	-	_abdominal surgery	
			_
similar symptoms previously:			
milder as bed worse verying	0 MEDSnonesee nur	ses nates	_
0			
	O ALLERGIESNKDA38	e nurses notes	-
recently seen			
ED office ciric hospitalized	O SOCIAL Hx smaker	ETOH drugs	
)	residence/travel:		
	O FAMILY Hx gall bladder	heart dz hx of o	-
	1		

Shart b. Jack	Abdominal Pain	time: room:	o ROS		
dome 0	arrived: pvt vehicle EMS historian: patient EMS temy	context:	GI	Neuro & EENT	:
Notes St.	hief complaint: @comma can na arted: just PTA today liest night yo still present gone _		URINARY difficulty w/ unnationpain w/ unnationfrequency	sore throat	
fistory Q Exam Qy Course	shorp stabbing cromping burning R flank	chest-central - L chest epig RUQ upper LUQ generalized abd L abd	Famala pregnant LNMP missed periods irregabnormal bleedingos systems neg, except as marked	difficulty breathing	
port charge	west localized diffuse R back		O PAST HXnegativesee nurses notespeptic ulcergall stones	heart dzneuro dz lung dzGl dz renal dzother dz HTN diabetes	
limb s Enical s Discharge	loss of appetite severity of pain: modifying factors:	diarrhea	bowel abstruction		:
1 4	similar symptoms previously: once twice say, limbs many times mider esibed worze verying	- occasionally fraquently	O MEDSnonesee nur		
	recently seen ED office clinic hospitalized		residence/travel.	ETOH drugs	
			O FAMILY Hx gall bladder	heard dzhx of o	

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T T-Ehart	time: room:	o ROS	
Jack Jack	Abdominal Palit		CONSTITUTIONAL
garay, soon	arrived: pvt verscle EMS	GI	
#P Name	historian: petent EMS temey limited by:		
11 Home	o HPI	biack stools	
Amptelloni	chief complaint (booming pair) flank pain	_bloody stools	sore throat
63	Started: just PTA today lest night yesterday	URINARYdifficulty w/ unnation	
Motes	Startour jose vive		
	still present gone timing:	pain w/ urination	
Ginical)		frequency	
History	quality: location: R chast-central - L chast	Famalepregnant	discounty breathing
Q,	ll shern	LNMP	cough
Exam	stabbing epig RUQ upper LUQ	missed penads irreg _	MS & Skinjoint pain back pain
- P	cremping R flank generalized L fla	ankabnormal bleeding	skin rash
Course	burning generalized to and	_all systems neg. except as marke	d _sxin rasir
୍ଷ ଦ	- 1		
ဝူမျှ	ALG		
	well localized R pains pains L pains	o PAST Hx	
Viewing.		negativesee nurses not	esheart dzneuro dz
Report	.ll \		_lung dzGl dz
Discharge	radiating to:additional pain	peptic ulcar	wher dy
Prescription	associated symptoms:	gall stones	#shata
Excuse	(usukes)	bowel obstruction	- to tour te
Printing	diarrheadiarrhea	kidney stones	
Cirical	severity of pain:		previous surgery
© Discharge	madifying factors:		_abdominal surgery
Срэш <i>с</i> С	similar symptoms previously: once twice sev.times many times - occasionally frequently	O MEDSnonese	e nurses nates
	similar symptoms previously:once twice sev.times many times - occasionally frequently milder esibled worse verying 0	O MEDSnonese	
	once twice sevitines many times - occasionally frequently milder as bad worse varying	0 ALLERGIES _NKDA	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	0 ALLERGIES _NKDA	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	0 ALLERGIES _NKDA	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	O SOCIAL Hx smoker	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	O SOCIAL Hx smoker	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	O SOCIAL Hx smoker	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	O SOCIAL Hx smoker	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	O ALLERGIES _NKDA O SOCIAL Hx smoker _ residence/travel: O FAMILY Hx gall bladder	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	O SOCIAL Hx smoker	see nurses notes
	once twice sevitines many times - occasionally frequently milder as bad worse verying O	O ALLERGIES _NKDA O SOCIAL Hx smoker _ residence/travel: O FAMILY Hx gall bladder	see nurses notes
6 I	once twice sev.times many times - occesionally frequently milder as bad worse verying Orecently seen	O ALLERGIES _NKDA O SOCIAL Hx smoker _ residence/travel: O FAMILY Hx gall bladder	see nurses notes
6 I	once twice sevitines many times - occasionally frequently milder as bad worse verying O	O ALLERGIES _NKDA O SOCIAL Hx smoker _ residence/travel: O FAMILY Hx gall bladder	see nurses notes
6 I	once twice sev.times many times - occesionally frequently milder as bad worse verying Orecently seen	O ALLERGIES _NKDA O SOCIAL Hx smoker _ residence/travel: O FAMILY Hx gall bladder	see nurses notes
6 I	once twice sev.times many times - occesionally frequently milder as bad worse verying Orecently seen	O ALLERGIES _NKDA O SOCIAL Hx smoker _ residence/travel: O FAMILY Hx gall bladder	see nurses notes
6 I	once twice sev.times many times - occesionally frequently milder as bad worse verying recently seen to affice clinic hospitalized O	0 SOCIAL Hx smoker	see nurses notesETOH drugsheart dzhxofo
6 I	once twice sev.times many times - occesionally frequently milder as bad worse verying Orecently seen	0 SOCIAL Hx smoker	see nurses notesETOH drugsheart dzhxofo
6 I	once twice sev.times many times - occesionally frequently milder as bad worse verying recently seen to affice clinic hospitalized O	0 SOCIAL Hx smoker	see nurses notesETOH drugsheart dzhxofo

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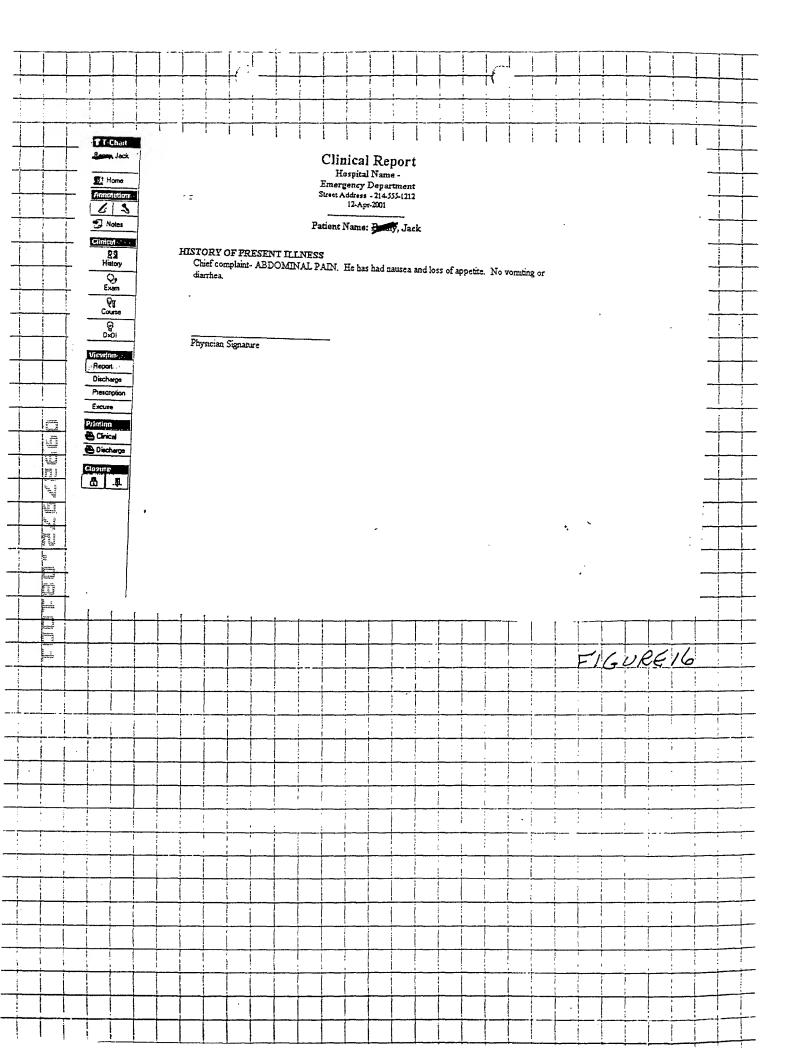
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TT-Chart	at Indianal Coin	time: room:	o ROS	
	Abdominal Pain	context:	— GI	CONSTITUTIONAL
Jack	arrived: pvt vehicle EMS	limited by:	vemiting blood	fever chills
	historian: patient EMS family	Milited by:	black stools	Neuro & EENT
Moma :	o HPI		bloody stools	headache
Americani-	chief complaint (Sociominal cair) flank	pain	- URINARY	sore throat
63	started: just PTA today lest night yes	sterday	difficulty w/ unnation	
Notes	Statied. Just 17 1800		pain w/ unnation	
		timing	frequency	chest pain
Girricof _k ', C	still present gone			the territories
83	quality:	chest-central -L chest	Femalepregnant	caugh
History	*pein* location: R	/	LNMP	
Ç,	stabbing	RUQ upper LUQ	_missed periods irreg	joint pain back pain
Exam	Cramping.		_abnormal bleeding	_skin rash
64	burning R flank	generanzou	_all systems neg, except as marked	
Course	dual / H	\		
ୃତ	migrating	RLO LLO / \		
OxO!	wed localized R	petris petric Lipelvis	o PAST Hx	
Viewing	diffuse R back	suprapub L back	negativesee nurses notes	_heart dzneuro dz
Report	н васк	λ,		_lung dzGl dz
Discharge	radiating to:	additional pain	peptic ulcar	renal dy other dz
Prescription	associated symptoms:	_	gail stones	- dishataa
	nausea	vomiting	bawel abstruction	
Excuse	· (oss of appetite)	Pb-a	kidney stones	hyperlipidemia
Priminu	- he			premous surgery
Clinical	severity of pain:			_abdominal surgery
2 Discharge	modifying factors:			
<u></u>				
Clostine	similar symptoms praviously:			•
8 4	once twice sevitimes many time	s - occasionally frequently	O MEDSnonesee	nurses notes
	mêder es bad worse verying			
	0		O ALLERGIES _NKDA _	see nurses notes
			V 7.55	
	recently seen			ETOH drugs
	ED office clinic hospitalized		0.3000-4	E1011
			residence/travel:	heart dz hx of 0
			O FAMILY Hx gail bladder	neart d2 O
			 	
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				F16UREI.
				FIGUREI

Abdominal Pain time: room:	O ROS	
arrived: pvt vencie EMS context:	- GI	CONSTITUTIONAL
historian: patient EMS family limited by:	vamiting blood	
O HPI	black stools	
chief complaint: (Socominal peir) Hank pein	bloody stools	headache
started: just PTA today lest night yesterday	URINARY	sore throat
	difficulty w/ unnation	blurred vision
Name at the state of the state	pain w/ unnation	CVS & Pulmonary
still present gonetiming;	frequency	chest pain
quality: "pain" location: R chest-control L chest	Femalepregnant	difficulty breathing
sherp R Chest-Cantral	LNMP	cough
stabbing RUQ upper LUQ	_missed periods irreg	
burning Rifank generalized Lifank	abnormal bleeding	
dual / Rabd Labd	si systems neg. except as marked	_skin rash
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
west localized R pelms pelvic L palvis	O PAST HX	
R back suprapud	negativesee nurses notes	heart dzneuro dz
radiating to: additional pain	peptic ulcer	lung dzGl dz
	gail stones	_renal dzother dz
associated symptoms:	bowel obstruction	HTN drabetes
(033 of 300etite) diamete 3	· —	hyperlipidemia
severity of pain:	kidney stones	
modifying factors:		previous surgery
mountying record		_abdominal surgery
		,
similar symptoms previously:	-	
once twice say, times many times - occasionally frequently midder as bad worse verying	O MEDSnonesee nu	rses notes
0	O ALLERGIESNKDA56	e nurses notes
recently seenED office clinic hospitalized	- Cocial No. Smoker	ETOH drugs
en allue ente lashumran		GIOR
U	residence/travel:	heart dz <u>hx of</u> o
	O PAMILT HX gall bladder	neart uz0

- FIGURE 14

Abdominal Pain time: room:		
ck arrived: pvt vehicle EMS context:		-,-
historian: petent EMS tensty limited by:		1
	black stools Neuro & EENT	
U HPI	bloody stools headache	:
Chief complaint: (Eddominal par) flank pain	URINARY sore throat	_
started: just PTA today last night yesterday	blurred vision	
3	pain w/ unnation CVS & Pulmonary	
still present gone timing:		
quality:	-	
pen location: R chest-cantral -L chest	711414	
sherp epiq	<u> </u>	
n stabbing RUQ upper LUQ		
Gramping Grank generalized Liflank	akin meh	<u> </u>
burning Rabd Labd	st_systems neg, except as markedSkill 14311	
1 1		
well localized R pelvis pelvic L pelvis	o PAST Hx	
diffuse R back suprapub L back	negativesee nurses notesheart dzneuro dz	
\ \ \	_lung dz `_Gl dz	
rge radiating to:additional pain	papite diesi meal dz other dz	
ption associated symptoms:	gail stones	-
		1
(Daulysta)	kidney stoneshyperlipidemia	_
annests of paint	previous surgery	į
modifying factors:	abdominal surgery	_
harge Introdusyning todays		,
		-
is a similar symptoms previously:		1
once twice sevitines many times - occasionally frequently milder as bed worse verying	O MEDSnonesee nurses notes	_
medet, exided would send and		Ì
i 0	O ALLERGIES _NKDAsee nurses notes	
		1
recently seen	O SOCIAL Hx smaker ETOH drugs	
ED affice ciric haspitalized	0 30022 1111	1
0	regidence/travel:	
	O FAMILY Hx gall bladder heart dz hx 2f 0	
		٠ - لـ



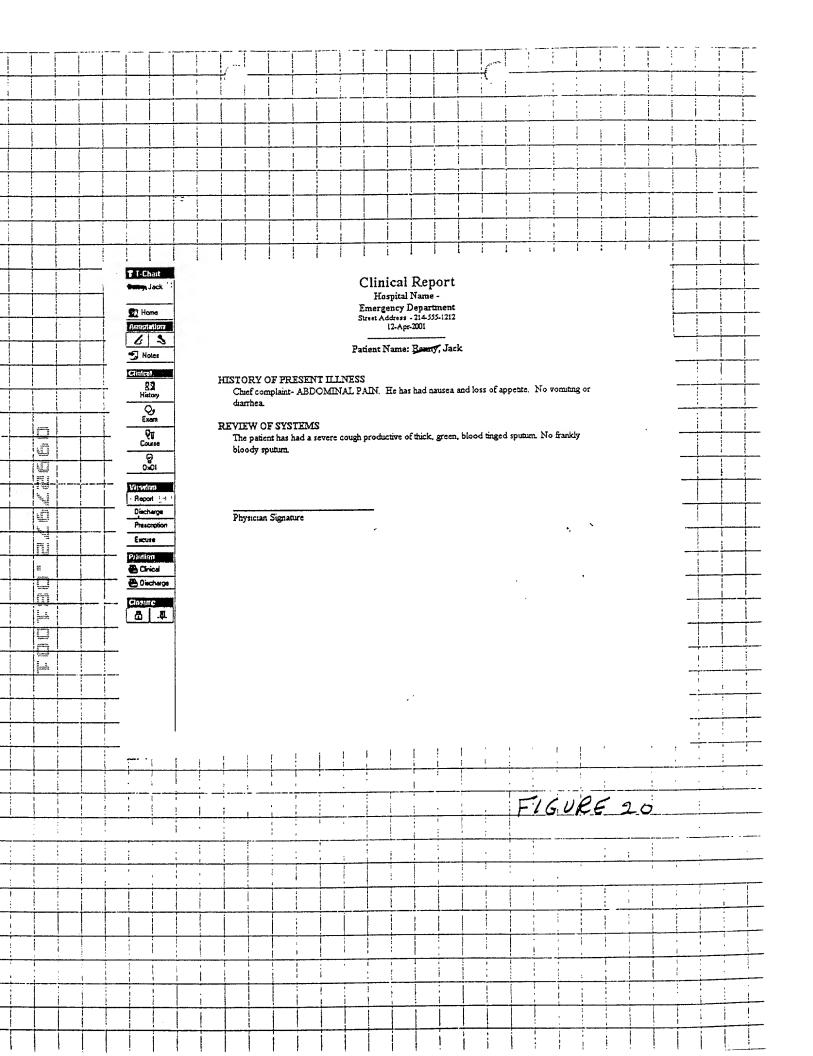
Abdominal Pain time: room:	o ROS		
arrived: pvt venicle EMS context:	- GI	CONSTITUTIONAL	1
historian: petert EMS family limited by:			1
O HPI	_black stools		
	bloody stools		
chief complaint: (bdominal pair) flank pain	URINARY	sore throat	1
started: just PTA today lest night yesterday	difficulty w/ unnation		1
	pain w/ urination		
still present gone timing:	frequency		-
quality:	Female pregnant		
sherp location: R chest-central L chest	LNMP	cough	-
Roid	missed penads irreg		1 :
cramping RUQ upper LUQ	abnormal bleeding	joint pain back pain	-
burning R flank generalized \ L flank	I —	skin rash	
out Rabd Labd	_all systems neg. except as marked		-
migrating / RLQ LLQ /			
well localized R pelvis pelvic L pelvis	O DOCT UM		-
diffuse R back suprapub L back	o PAST Hx		4
	_negativesee nurses notes	heart dzneuro dz '	-
radiating to:additional pain	peptic ulcar	_lung dz	
associated symptoms:	gail stones	renaf-dzother dz	_
(nausea)volquiting	bawel abstruction	HTN diabates	
(055 of appendix)diagribea	kidney stones	hyperlipidemia	-
severity of pain:			1 _
modifying factors:		previous surgery	}
		abdominal surgery	_
		· · · · · · · · · · · · · · · · · · ·	
similar symptoms previously:occasionely frequently	-		-
milder as bad worse verying	O MEDSnonesee nu	rses notes	
n			-
4	O ALLERGIES _NKOAse	e nurses notes	
- and -			-
recently seen	- a cocial the amphas	STOR 4	
O		ETOH drugs	
· · · · · · · · · · · · · · · · · · ·	residence/travel:		
	O FAMILY Hx gall bladder	heart dz <u>hx of</u> o	-
	•		J
	-		, -
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1 Home	arrived: pvt venicle EMS context: historian: petent EMS temby limited by:	GI CONSTITUTIONAL fever chills	
Annotellari	o HPI	_black stools Neuro & EENT	! !
63	chief complaint: (Eddoninal per) flank pen	bloody stools headache	1 1
Notes	Started: just PTA today last night yesterday	sore throat	
Clinical:	Still present		1 1
82	still present gone timing:	frances	
History	11 '	Famala	
Ç),	3nech Cauttal	Famale pregnant difficulty breathing LNMP LOUGH	
Exam	stabbing epig RUQ upper LUQ	_missed periodsirred	
Course	burning R flank generalized L flank	_abnormal bleeding minutes (<<)	
ଡୁ	dul Rabd Labd	all systems per expert ea m	
OxOI.	milgrating RLQ LLQ /	several weeks times	
	wed localized R palvis palvis L palvis	many months	
Report	diffuse R back supragub L back	O PAST Hx occasionally , years'	1
Discharge		negativesee nurses today since yesterday recently chronically	
Prescription	radiating to:additional pain		<u> </u>
Excuse	associated symptoms:	gall stones COUGH	,
		bowel obstruction mildmoderate ' severe	
ntim		kidney stones dry / productive	, ,
Clinical	severity of pain:	scant moderate copious thick thin	1
Discharge	modifying factors:	clear yellow green brown white	
яне		blood tinged frank blood	1 1
5 4	similar symptoms previously;	cough changed from baseline smoker	
	once twice say times many times - occasionely frequently milder as bad worse varying	English of changed from her aller	
11	0	O MEDS _none	
.]]	V	similar to previous symptoms	
	_recently seen	O ALLERGIES NKDA _see nurses notes	
	ED office clinic hospitalized		
	0	O SOCIAL Hx smoker ETOH drugs	,
		residence/trayel:	
. 11		O FAMILY Hx gell bladder heart dz hx of	

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FIGURE 18

Abdominal Pain time: room:	o ROS
arrived: pvt vende EMS context: historian: patient EMS family limited by:	— GI CONSTITUTIONAL
A STATE OF THE STA	
o HPI	_black stools Neuro & EENT
chief complaint: @dominal car) flank pain	bloody stoolsheadache URINARYsore throat
started: ust PTA today last nicht yesterday	
still present gone timing:	
quality:	
pen" location: R chest-central _L chest	
9010	LNMP ;_cough;X
cramping \ ' RUQ upper LUQ \	shoormal bleeding minutes [**]
burning R flank generalized L flank	
→ And Land	ad systems neg. except as ma for 6 7 8 9 0 112 days ago several weeks times
migrating / RLQ LLQ /	many months
well localized R palms palms L palms	O PAST Hx occasionally years
diffuse R back suprapub L back	
\ \ _	negativesee nurses today since yesterday recently chronically
ge	peptic ulcer COUGH
associated symptoms:	gall stones mild moderate (3var)
	bowel obstruction
Goss of appetite	kidney stones dry / @roducine
severity of pain:	scant moderate copious (high thin clear yellow (reg) brown white
modifying factors:	Hoold Mark Cepull boold
要similar symptoms previously:	cough changed from baseline smoker
Cutch (Auch adv. muss ment fines - occessiones, nechonity	O MEDSnone
milder as bed worse varying	similar to previous symptoms
0	O ALLERGIES _NKDA _see nurses notes
	O WITEWOLD THEN THE
recently seen	_
ED affice clinic hospitalized -	O SOCIAL Hx smoker ETOH drugs ;
0	residence/trayel:
	O FAMILY Hx gall bladder heart dz hx of o



Jack	Abdominal Pain time: room:	o ROS	
	arrived: pvt vehicle EMS context: historian: patient EMS terrety limited by:	<u>GI</u>	CONSTITUTIONAL
? Home	The second secon	vomiting blood	chils
onatetian.	° HPI	_black stools	
63	chief complaint (Eddoninal car) flank pain	bloody stools	
	started: just PTA today lest night yesterday	URINARY	sore throat
Notes ·		difficulty w/ urination	
inical.	still present ganetiming	oain w/ urination	
83	quality:	frequency	
History :	pen" location: R chest-central -L chest	<u>Female</u> pregnant	
Q,	and and	LNMP	(Cough)
Exam	stabbling RUQ upper LUQ	_missed periods irre	minutes (<<)
QI I	burning Riflank generalized Liflank	_abnormal bleeding	1 2 3 4 5 · hours
Course	ais Rabd Labd	_all systems neg. except as me	
ହ	migrating RLG LLG /		several weeks times -
D×0!			many months
ieselna:	wet localized R pelvis pelvis L pelvis	O PAST HX	occasionally years -
Report	diffuse R back suprapub L back	negativesee nurses	today since yesterday recently chronically
Discharge	radiating to:additional pain	peptic ulcer	- gane now - still present - improving - worsening
Prescription	additional painadditional pain	gall stones	COUGH
Excuse	Gausea)volating		mild moderate उन्प्रमुख
	loss of appetite) diagrhea	bowel obstruction	dry / Graducino
Intimi	the many manager of the company of t	kidney stones	scant moderate coolous (high thin
Clinical	severity of pain:		clear yellow organ brown white
Oischarge	modifying factors:		boold tinged trank blood
osure			
a .	similar symptoms previously:		cough changed from baseline smoker
Q 1 4.	once twice sevultines many times - occasionally frequently	0.4505	sputum changed from baseline
	milder as bed worse varying	O MEDSnone:	
	0		similar to previous symptoms
	recently seen	O ALLERGIESNKDA	
	ED office clinic hospitalized		ETOH drugs
	0	residence/travel:	
		O FAMILY Hx gall bladd	der heart dz hx of o
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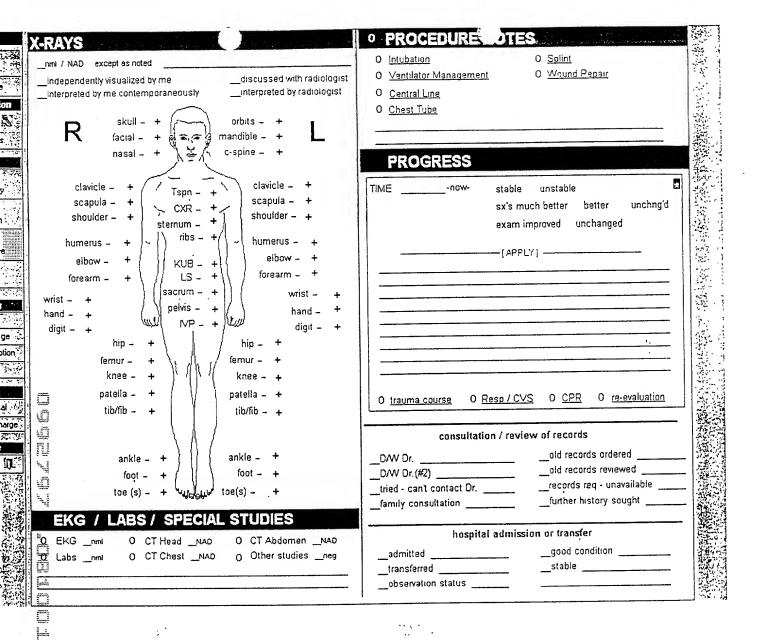
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Abdominal Pain time: room:			
arrived: pvt vehicle EMS context:	2-	CONSTITUTIONAL	
historian: penert EMS termsy limited by:		fever chills	
O HPI	_black stocks		1
chief complaint (Sodominal ceir) flank pain	bloody stools	_	
tarted: just PTA lodey lest night yesterday	URINARY	_sare throat	
	difficulty w/ unnation		
still present gone timing:	pain w/ urination	A P V P V P V P V P V P V P V P V P V P	
quality:	frequency		
pen location: R chest-central -L chest	Femalepregnant	difficulty breathing	
snarp anic	LNMP	Cough severe, productive, thick, gr	
stebbing RUQ upper LUQ	_missed penodsirreg		R
burning R flank generalized L flank	_abnormal bleeding	skin rash	1.0
Rabd Labd	_all systems neg, except as marked		
migrating / REQ ELQ /			
wet localized R palvis palvis L palvis	O DAGT III		
diffuse R back suprapub L back	o PAST Hx		4
A GACK Suprapos	negativesee nurses notes	_heart dzneuro dz	
radiating to:additional pain	peptic ulcer	_lung dzGl dz	1
associated symptoms:	gall stones	_renal dzother dz	1
Gausea	bowel abstruction	HTN diabetes	1
Toss of appetite	kidney stones	hyperlipidemis	lin i
saverity of pain:		previous surgery	
modifying factors:		abdominal surgery	
similar symptoms previously:			
once twice say times many times - occasionally trequently			
milder as bad worse varying	O MEDSnonesee nur	ses nates	
0	-		1
	O ALLERGIES _NKDA _38	e nurses notes	
recently seen			
ED office clinic hospitalized	O SOCIAL Hx smaker	ETOH drugs	
0	residence/trayel:		
	O FAMILY Hx gall bladder	head dz hx of 0	
	. 1		

MVA time: room:	bkbrd c-collar urses notes revid VS revid :
arrived: pvt vehicle EMS context:	PHYSICAL EXAM
historian: petient EMS femily limited by:	alertanxious / lethargic / obtunded
o HPI	
chief complaint: MVA	
location of injuries:	HEADBattle's sign raccoon eyes
occurred: just PTA today last night yesterday	no swellingvertex
pain: nonemild moderate severe	R parietal L panetal
assoc: blow head neck pain LOC dazed seizure	
mechanism details: 0	R frontal L frontal
	funband 1
	R temple forehead L temple
O ROS	Reye Leye Lear
ernumbness Weakness trouble preating in the strouble preating in the st	
nearing loss as a second restriction of the	periorb periorb
Paging lus	R cheek (a.o) L cheek
	mouth
depressed to the control of the system reg except as marked	O occipital R mand perioral L mand post neck
the first that the second distriction with the second to the second of the second to the second deposition to the second second to the second	abia
PAST HISTORY	Add1 Injury O anterior neck
neg see nurses notes heart dz lineuro dz	* .
Strengt UTD >5 >10 unk	NECKverteb. tenderness painful movement
	non-tenderdecrsd ROM muscle spasm
Carani (Namosay diapatas	painless ROM
previous surgery	EYESpupillary exam:
MEDSnonesee nurses notes	EOM intactabnml fundiscopic
O ALLERGIES NKDAsee nurses notes	
EDISOCIAL HX Sesmoker partin FIOH Sesser Varius FI Single	ENThemotympanum
residence/tray	no dental injurymalocclusion
A STATE AND A STATE OF THE STAT	pharynx nml

RESPIRATORY resp distress SKIN _c, usis pallor	
RESPIRATORI TESP distress	sis
hreath sinds nml decreased breath soundswarm, dryskin rash poor skin	turgor
ralesrhonchinmi color	
wheezes crepitus EXTREMITIES soft-tissue tenderness	
atraumaticbony tenderness	7.00%
sharel rate technocrafic hydrocrafic	
CVS	ar weight
pulses nmlJVD present	
pulse exam:	
ABDOMEN obese scar other shoulder shoulder	ulder : 25
ADDOMEN Shoulder	1. (1. (1. (1. (1. (1. (1. (1. (1. (1. (
	一十一等
— chest — carm	
no organomegalyrebound gravid uterus arm	
abnmi bowel sounds elbow - abdomen	lbow
distention —— hock fores	ırm
mass forearm forearm	""" . 養
wrist / wrist	
wrist high regress the metama with the high of high of high of high of high or high of high or	hand
A CONTRACT C	nanu (1)
thigh thigh	TATE OF
	高
RECTAL abuton(istor) and rectal example (cital) knee (knee)	
heme neg stool	
BACKtendemess#2	
nontender vertebral point tenderness leg leg,	
ROM nmlmuscle spasm limited ROM \tag{leg.}	
	4
O NEUROaltered mental status GCS	
griented x3 CN deticit	
no motor deficitweakness sensory deficit \(\int \) foot \(\int \) foot	
no sensory deficitreflex exam:	
reflexes nmi	

FIGURE 24-



CLINI	CAL IMPRE TION		PI SCRIPT	TONS						
acute pain	MVA MCA bike pedestriar	OTC meds OTC meds	NSAID's							
skin	fracture	Acetaminophen	Lodine	Cephalexin						
laceration		Motrin	Naproxen							
abrasion(s)		ic pain / nausea	muscle	Duricef						
skin avulsion		Darvocet-N								
foreign body, soft tissue			Robaxin							
soft tissue	1	ie Phenergan	Skelaxin	Silvadene						
cervical strain		Tylenol w/Cod	Soma							
neck pain		njury								
back pain										
strain	head injury		more prescr							
sprain	spinal injury	O Allergy/Decon	g O Eye	1104145						
contusion	hemorrhage	O Analgesics		- minoran						
dislocation	hypotension	O Antibiotics	0 GI	0 00 0 111						
	shock	O Cardiac	O Neuro	O Pulmonary O Urology						
shoulder finger elbow toe _		0 DIS	 DISCHARGE INSTRUCTIONS 							
- toc	chest injury		treatment 0 a							
knee injury	cardiac arrest	- collar		no restrictions						
knee injury	abdominal injury			no strenuous activity						
hemarthrosis		wound care _		wt bearing as tolerated						
knee instability	dental trauma	sling		no wt bearing						
		rib belt		RT work off work						
Supplies Without to the control of	general	anutchoc		RT school off school						
abnormal test		knee immohil		warnings						
ifestyle issues	diabetes	elastic wrap		head comps						
1		diet		infection Tet given						
•										
4.3	more diagnoses		no restrictionsser clear liquids onlyret							
O Allergy	O Infectious Disease O Orti	no / Surg	-···)	return if problems						
[™] O Cardiology	O Int Medicine ,Gen1 O Ped	liatrics	£-17							
O Dermatology	O Mouth/Dental O Psy	rchiatric	follow-u							
O ENT O Eye	O Pulmonary O Tox	icology O _w/ Dr		_w/ your doctor						
O Environmental	O Neurology O Trac	···		_w/ specialist						
O Gastrointestinal	O OB-GYN O Uro	logyreturn to ED		discharged home in						

· FIGURE 26

Abdominal Fam	context:		OONGERT III	ONAL
arritvad: pvt vertice EMS historian: petent EMS family	limited by:	1 XI	CONSTITUTI	chills
		Lineta standa		
O HPI	, other			Medical Control
chief complaint: abdomnal pain flank po started: just PTA today less night yester	1	OTHER	HISTORY	
station: Just PIA Loudy Restings festo		,		
	timing: CGN	I CVS-I		
still present gone		et ches	t pain neck pain	
inality:	chch	ilspaips	s back pain	
pari location: R ch	est_central -L chest mi	s achesdysp	onea Joint pain	
	epig \		jh	
cramping	IUG upper LUG \		swing SKIN	
burning R flank	generalized \ EYE		nainskin rash	
duat / Rab	rl Labd	t ayes	skin lesion	n —
migrating /			_insect bite	·
	, ; 	r visn GI	_skin lac	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			sea	
diffuse R back	suprapubdl	le visn yom	iding: NEURO/PS	YCH
	Å			. ()
radiating to:	additional pain EAF	1 7.4	minutes	,: , [* 4]
associated symptoms:		ir pain	1 2 3 4 5 - hours 8 7 8 8 0 1\2 4 2 days	de ann
nausea	vomitinge	ituality . I I and	The state of the s	7 7 1 1 1 1 1 1 1
_loss of appetite	_diamheati	ndus	many months years	
severity of pain:		ng lass	occasionally years	
medifidate factors				
modifying factors:	NO	E toda	y since yesterday recently	- chronical
appropriate magnetic to provide a 10 trans and when	and a second and a second assessment	ongestion • gand	now - still present - improving	- Motaeulu
_similar symptoms previously:	and an analysis of the	inny nose	VOMITING	
fonce twice say times many times	• ". Occessousta . stadings:	osebleed	mild moderate seven	8 .
milder as bed worse verying	An are trained from the later of		hadan assessed Homon assessed	1
O THE PROPERTY OF THE PARTY OF	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	once	twice several times numer	ous
Activity of the second	Zufalette in the same	POAT Pione	A Hannel and Street, blood	
CONTRACTOR OF A CONTRACTOR OF THE PARTY OF T	ALMANDAL STREET, STREE	1 10000	d-tinged with ank blood confee-grounds	
mecantly seen ED office ciric hospitalized			canes-grounds is faculent	
The same of the sa		OHIOU	19 iardigiii	
O			lar to previous symptoms	
the face where you have a con-		{ 3h		

F16 27

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₹ EVI	nurses notes revid	VS re/d	02/other	ABDOMEN	(obess) scar other
200	 			_soft	_tenderness #1#2
men	PHYSICAL E)	KAIVI 10 10 10 10 10 10 10 10 10 10 10 10 10	J. 33 1	netnender	(juarding)
f) Hore	aler	_endous / lethargic /	bebrunded _	no organomegal	v (ezound)
Augropation	NAD	_in distress mid m	od severe _		organomegaly gravid utarus
-	_				abnml buwel sounds
8	EYES	conjunctival findings			distention
Notes	nml inspection	(scleral icterus)			mass
GINEHAL	PERRL	(pate conjunctivae)			a valle tolle a la coma la coma
82				O FEM GENITAL	•
History	ENT	abnml ear exam		external exam n	
- Q :	(ears nm)	(unny nose)		bimanual exam	
Exam	nose nml	pharyngeal erythema		,	i ami
Qu		tonsillar exudate		MALE GENITALIA	15
Course		ofer muchus membra	nes)	nmi genitalia	scrotal swelling
ି ତୁ				testes descend	ad ad
DKOI					
Viewino -	NECK			RECTAL,	blood in staal
Cincal	_aml inspection	carotid bruit			1 tendernessabnormal digital rectal
Instructions	supple	(hyromegaly)		nontendarheme neg stool	-
Prescription		(meningeal signs)			
				BACK	CVA tonderness
Excine				_nml inspection	
Printing	cvs	_abnmi rate_techycer		EXTREMITIES	pedal edema
Carrical	nml rate/rhythm	_abruni rhythm		I DOM	_calf tenderness
xR'uuntani 🕰	_hear, sounds nml	extra sounds			.
	İ				Gyanosis pallor *
				nmi colar	cool skin diaphoresis
0 Discharge				warm, dry	(skin rash) poor skin turgor
□ Lock	RESPIRATORY	_resp distress		no rash	
:	no resp distress	accessory muscles			altered mental status
	_breath sounds nmi			Griented x3	CN deficit
1	_chest nontender	rales		Go mator defici	
		wheatez		Go sensory del	, –
		prolonged expiration		reflexes rml	_reflex exam
1	. 1				
1	1				

F1628

Clinical Report

Hospital Name - Emergency Department

Street Address - 214-555-1212 26-Jul-2001

Patient Name: Doc, John

PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

Physician Signature

F1629

ABDOMEN (obeso) scar other	×	XAM gravid uterus rectovag		discharge discharge		S	velling	1001	S. Idinial rectal		derness	See	nessma	fullness	Sulfan Sil	6	poor skin turgor	autolo lotaci	al tone				
	PHYSICAL EXAMETON	in PELVIC EXAM	oection <u>scli</u>	~	abn (Tun	Jun I	os closed (Cervical Jesion)	JVC	pection	INAL INAL INAL INAL INAL INAL INAL INAL		bimanual exam nml nelvic mass	abn — nontender bimanual	no pelvic mass		dec dec decine tenderness	1	RESPIRATORY response acc acc response distress	mldec RECTAL	ctal exam	ļ	prol	
IVE I	Describane Pt	1) Home alert	<u>u </u>	Colification PERINT PER	ENT ENT EAST NO.	:: 1	Course (S)	DxDI NECK	Viewing 1. 1	Instructions	Prescription	Excuse	Paramone CVS		D Instrux/Ax	Glosiure.	Discharge	Cock RES	q	<u> </u>			

Clinical Report

Dee Jane

Home

Emergency Department Street Address - 214-555-1212 26-Jui-2001

Patient Name: Bee, Jane

PAST HISTORY

Clinical 🐎

83 History

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Notes

Peptic ulcer. Gall stones. Bowel obstruction.

PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

ENT: Ears normal. Nasal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

Abdomen: Obese. Rebound tenderness. Guarding present

GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present from the

cervical os.

Skin: Cyanosis. Skin rash.

Neuro: Oriented X 3. No motor deficit. No sensory deficit.

Physician Signature

Cinca Instructions Course œ<mark>ģ</mark>

Prescription

Excuse

Printing

Clinical

Instrux/Rx

Closure () Discharge

Lock

F1637

TEVI

Historians = and the mineral Clinical Report

Emergency Department Street Address - 214-555-1212 26-Jul-2001

Patient Name: Boe, Jane

PAST HISTORY

clinical 🗧 🗧

Notes

83 History

Q, W

Annotation

THome

Doc, Jane T EVI

Peptic ulcer. Gall stones. Bowel obstruction.

Course

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ENT: Ears normal. Masal discharge present. Dry mucous membranes present.

Neck: Meningeal signs present. Lymphadenopathy present. Thyromegaly.

PROGRESS AND PROCEDURES

E.D. Course: Evaluation after reassessment. Physical exam findings are unchanged.

Evaluation after multiple exams. Physical exam findings are unchanged. The patient's symptoms are

Evaluation after observation, results of tests back, analgesic and narcotic. Physical exam findings are improved. Symptoms much better.

Discharge

E Lock

Physician Signature

PHYSICAL EXAM

Eyes: Scleral icterus. Pale conjunctivae.

Abdomen: Obese. Rebound tendemess. Guarding present.

GU: Speculum and bimanual exam performed. Cervical lesion present. Discharge present from the

Skin: Cyanosis. Skin rash.

Curca

Prescription Instructions

Excuse

Neuro: Oriented X 3. No motor deficit. No sensory deficit,

Printing

Clinical

Instrux/Rx

+1-1 chest +1-1 +1-1 +1 described

the chest pain was described as dull the chest pain was not relieved by nitroglycerin

+12 izainess the chest pain was described as dull

the chest pain was described as dull the chest pain was not relieved by nitroglycerin the chest pain was similar to previous episodes the chest pain was described as squeezing the chest pain was associated with nausca the chest pain was not associated with vomiting the chest pain was associated with shortness of breath the chest pain was associated with dizziness

F16 36

